

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on November 19, 2003.

### **I. DISPUTE**

Whether there should be reimbursement for CPT code 99212 and 97113 rendered on 9/11/03.

### **II. RATIONALE**

Carrier has denied date of service 9/11/03, CPT codes 97113, and 99212 as "L-Not TD approved treatment". Review of the TWCC-53 postmarked 9/3/03, reflects that the injured workers request to change treating doctor was approved on 9/5/03 to reflect \_\_\_\_, D.C., as the new treating doctor. Therefore, date of service 9/11/03 was performed by the treating doctor and the requestor is entitled to reimbursement in the amount of \$76.54.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code(s) 97113 and 99212 in the amount of **\$76.54**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$76.54** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 05<sup>th</sup> day of March 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

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